

NORTH KANSAS CITY SCHOOLS MONTHLY EMPLOYEE COST COMPARISON
Monthly Cost for Benefits Effective 7/1/26

| Blue KC B1 EPO Copay (\$\$\$) | Total Monthly Cost | District Monthly Benefit | Employee Monthly Cost w/Wellness* | Employee Monthly Cost w/o Wellness |
|----------------------------------|--------------------------|--------------------------------|---|--|
| Employee | \$1,035.26 | \$951.00 | \$84.26 | \$114.26 |
| Employee + Spouse | \$2,162.04 | \$951.00 | \$1,211.04 | \$1,241.04 |
| Employee + Child(ren) | \$1,881.18 | \$951.00 | \$930.18 | \$960.18 |
| Family | \$2,478.70 | \$951.00 | \$1,527.70 | \$1,557.70 |
| Family Split Premium** | \$2,478.70 | \$1,902.00 | \$288.36 | \$318.36 |

| Blue KC B2 High Deductible (\$) | Total Monthly Cost | District Monthly Benefit* | Employee Monthly Cost w/Wellness* | Employee Monthly Cost w/o Wellness | District HSA Monthly Contribution |
|------------------------------------|--------------------------|---------------------------------|---|--|---|
| Employee | \$875.86 | \$875.86 | \$0.00 | \$30.00 | \$75.14 |
| Employee + Spouse | \$1,829.16 | \$875.86 | \$953.30 | \$983.30 | \$75.14 |
| Employee + Child(ren) | \$1,591.54 | \$875.86 | \$715.68 | \$745.68 | \$75.14 |
| Family | \$2,097.06 | \$875.86 | \$1,221.20 | \$1,251.20 | \$75.14 |
| Family Split Premium** | \$2,097.06 | \$1,751.72 | \$172.68 | \$202.68 | \$150.28 |

| Blue KC B3 EPO/SPIRA Care (\$\$) | Total Monthly Cost | District Monthly Benefit | Employee Monthly Cost w/Wellness* | Employee Monthly Cost w/o Wellness |
|-------------------------------------|--------------------------|--------------------------------|---|--|
| Employee | \$956.12 | \$951.00 | \$5.12 | \$35.12 |
| Employee + Spouse | \$1,996.78 | \$951.00 | \$1,045.78 | \$1,075.78 |
| Employee + Child(ren) | \$1,737.30 | \$951.00 | \$786.30 | \$816.30 |
| Family | \$2,289.22 | \$951.00 | \$1,338.22 | \$1,368.22 |
| Family Split Premium** | \$2,289.22 | \$1,902.00 | \$193.62 | \$223.62 |

| Ameritas Dental (Contracted through 7/1/2027) | Total Monthly Cost | District Monthly Benefit | Employee Monthly Cost | Monthly Cost Per FSP EE |
|---|--------------------------|--------------------------------|--------------------------|----------------------------|
| Employee | \$25.24 | \$25.24 | \$0.00 | n/a |
| Employee + Spouse | \$51.60 | \$25.24 | \$26.36 | n/a |
| Employee + Child(ren) | \$73.60 | \$25.24 | \$48.36 | n/a |
| Family | \$97.68 | \$25.24 | \$72.44 | n/a |
| Family Split Premium** | \$97.68 | \$50.48 | \$23.60 | \$11.80 |

| VSP Vision (Contracted through 7/1/2029) | Total Monthly Cost | District Monthly Benefit | Employee Monthly Cost |
|--|--------------------------|--------------------------------|--------------------------|
| Employee | \$8.98 | \$0.00 | \$8.98 |
| Employee + Spouse | \$17.96 | \$0.00 | \$17.96 |
| Employee + Child(ren) | \$19.22 | \$0.00 | \$19.22 |
| Family | \$30.70 | \$0.00 | \$30.70 |

| New York Life Basic Life/AD&D (Contracted through 7/1/2027) | Total Monthly Cost | District Monthly Benefit | Employee Monthly Cost |
|--|--------------------------|--------------------------------|--------------------------|
| Employee | \$1.80 | \$1.80 | \$0.00 |

*With Wellness Credit (Complete Biometric Screening, HRA and Point requirements)

**Both EE & spouse work for NKC Schools electing Family Tier

Any discrepancy between this document and the Plan Certificate, the Plan Certificate will prevail.